

APPLICATION FOR CERTIFICATE TO DRIVE RESTRICTED SCHOOL BUS

Check one and enclose proper fee (check or money order)

- ☐ New Restricted School Bus Driver Certificate* - \$60.00 Fee¹
¹Applies only to 14 Passenger Capacity School Bus which must be FMVSS certified - Road Test will be required
- ☐ New Restricted School Bus Driver* - 70 years of age or older - Certificate for six(6) months - \$40.00 Fee¹
¹Applies only to 14 Passenger Capacity School Bus which must be FMVSS certified - Road Test will be required
- ☐ Duplicate Restricted Certificate - \$20.00 Fee

Each question **MUST BE ANSWERED** in Ink or Typed

1. LICENSE NO. _____
2. NAME: _____

MAIDEN NAME OR ALIAS [IF APPLICABLE]

3. ADDRESS: _____
Street and Number

City/Town State Zip

4. DATE OF BIRTH ____/____/____ AGE ____

5. TELEPHONE NUMBER _____

6. STATE CLASSIFICATION OF LICENSE ISSUED BY THE REGISTRAR OF MOTOR VEHICLES: A ☐ B ☐ C ☐ D ☐

7. HAVE YOU HELD A DRIVER'S LICENSE FOR 3 CONTINUOUS YEARS IMMEDIATELY PRIOR TO THIS APPLICATION? YES ☐ NO ☐

8. ARE YOU A MASSACHUSETTS RESIDENT? YES ☐ NO ☐ HOW LONG: _____

9. HAS YOUR RIGHT TO OPERATE OR HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED IN MASSACHUSETTS DURING THE PAST 5 YEARS? _____
IF SO, GIVE DETAILS ON AN ATTACHED SHEET.

10. GIVE NAME AND TELEPHONE # OF EMPLOYER: _____

11. CHECK ANY AND ALL RESTRICTIONS
☐ CORRECTIVE LENSES
☐ CORRECTIVE HEARING APPLIANCE
☐ RESTRICTED TO DRIVING VEHICLES THAT CARRY 14 PASSENGERS OR LESS
☐ DPU SPECIFIC RESTRICTIONS

Original FDOT Medical Form of Physical Examination, signed by a licensed medical doctor, must be returned with this Application.

THIS STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY, I the undersigned, hereby apply for a certificate to drive motor buses and state that the statements herein made are true to the best of my knowledge and belief.

Department of Public Utilities (DPU) has been certified by the Criminal History Systems Board for access to criminal case data. As an applicant/employee for the position of school bus driver, I understand that a criminal record check will be conducted for criminal case information only and that it will not necessarily disqualify me. The information above is correct to the best of my knowledge.

Signature of Applicant

Date

*For qualification as a school bus driver, instructor must fill out this section. This is to certify that the applicant herein named has been trained by me in accordance with the requirements of M.G.L. c. 90 § 8A.

Print: _____ Signature: _____ License # _____ Date: _____
Name of Qualified School Bus Driver Instructor Signature of Instructor

FOR DEPARTMENT USE ONLY - DO NOT MARK BELOW THIS LINE

DATE APPLICATION RECEIVED _____

PHYSICAL FORM CLEARED YES ☐ NO ☐

CORI CLEARED YES ☐ NO ☐ DATE _____

DRIVING RECORD CLEARED YES ☐ NO ☐ DATE _____

ASSIGNED TO INSPECTOR _____ DATE _____

DATE TESTED _____ PASSED ☐ FAILED ☐

TEMPORARY LICENSE ISSUED YES ☐ NO ☐

WAS CDL CLASSIFICATION DOWNGRADED YES ☐ NO ☐

INSPECTOR'S SIGNATURE _____

DPU CERTIFICATE ISSUED YES ☐ NO ☐ DATE _____